Service Area VI Quality Improvement Committee Meeting - November 17, 2010

Type of Meeting	Service Area 6 Quality Improvement Committee	Date	November 17, 2010
Place	Kedren Community Mental Health Center 4211 S. Avalon Blvd., Los Angeles, CA 90011	Start Time	9:00 a.m.
Chairperson	Kimberly Spears, Chairperson Erica Melbourne, PsyD, Co-Chair	End Time	11:00 a.m.

Members Present: Aimee Cueltar, PIC Services; Ashlei Sullivan, L. A. Child Guidance Center; Beverly Byrd, Augustus Hawkins; Carmen Haley, Alafia,; Cathi Collins, Counseling 4 Kids; DeAnn Slaise, SHARP; Darlene Leon, Kedren Family Preservation; Donna Roque, Drew Child Development Corp; Desiree Odom, Didi Hirsch Mental Health; Douglas Ware, DMH; Erica Lara, Starview Community Services; Francisco R., PIC Services; Jaime Sheehan, Shields for Families; Jan Nolan, LAUSD; Jennifer Calmelat, Tessie Cleveland; Julie Elder, SCHARP; Karen Sprague, Pacific Clinics; Kathy Miura, PIC Services; Kimberly Spears, DMH SA6 Adm; La Bonda Nelson, Personal Involvement Center; Lisa Harvey, Hollygrove/EMQ Families First; Marcy Pullard, Alafia; Marilyn Campbell, Kedren Mental Health; Mimi Nguyen, Asian Pacific Residential Treatment; N. Madyun, West Central Mental Health; Nicole Salazar, Exodus Recovery, Inc; Nicole Ward, Children's Institute; Rosary Woods, Kedren Mental Health; Terry Robinson, Children's Institute; Vynette Moore, Shields for Families:

Members Absent	800 Clark 1 500			
DMH Support	Anthony C	ooksie, DMH; Thang Nguyen, DMH	_	
Agenda Item & Pro	esenter		Decisions/Recommendations Actions/Scheduled Tasks	Person Responsible /
Call to Order & In		The meeting was called to order at 9:00 a.m.	Precions/Scheduled 125K5	Due Date Kimberly Spears, Chair
Review of Minutes September 15, 2010)	The minutes for September 15, 2010 were approved as read.		SA 6 Membership
Ouality Improv Kimberly Spears Erica Melbourne		Ms. Spears discussed and distributed information on the following topics:		
		1. Cultural Competency Committee		
		Out of the 33 forms the Committee is working on getting translated into the threshold languages, fourteen (14) forms have been completed, namely:		
		• ACCESS Brochure; • Authorization for Request or Use/		

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Disclosure of Protected Health Information;	Actions/Scheduled Tasks	Due Date
I TOTAL TARRESTA VALA		
 Caregiver's Authorization Affidavit; 		
Change of Provider; Client Care Coordination Plan:		
• Clients Request for Access to Health Information;	. *	
• Consent for Service;	viii e	
Services;		
 Educational Materials'; 		
Directive Fact Sheet and Acknowledgement Form;	*	
and		
Outpatient Medication Review.		
The forms will be reviewed for cultural competency and cultural sensitivity.		
Ms. Spears asked the group if there were any forms missing from the list they feel		
should be added to the list. If the group later feels a particular form should be given priority, Ms. Spears should be	None were suggested.	
	 Client Care Coordination Plan; Clients Request for Access to Health Information; Consent for Service; Consent for Telemental Health Services; Consent of Minor; Consent to Photograph/Audio Record; Educational Materials'; LACDMH Advance Health Care Directive Fact Sheet and Acknowledgement Form; LACDMH Notice of Privacy Practices; and Outpatient Medication Review. The forms will be reviewed for cultural competency and cultural sensitivity. Ms. Spears asked the group if there were any forms missing from the list they feel should be added to the list. If the group later feels a particular form should be 	 Client Care Coordination Plan; Clients Request for Access to Health Information; Consent for Service; Consent for Telemental Health Services; Consent of Minor; Consent to Photograph/Audio Record; Educational Materials'; LACDMH Advance Health Care Directive Fact Sheet and Acknowledgement Form; LACDMH Notice of Privacy Practices; and Outpatient Medication Review. The forms will be reviewed for cultural competency and cultural sensitivity. Ms. Spears asked the group if there were any forms missing from the list they feel should be added to the list. If the group later feels a particular form should be given priority, Ms. Spears should be

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Agenda Item & Presenter	Discussion and Findings	Decisions/Recommendations Actions/Scheduled Tasks	Person Responsible/
	Another thing the CCC Committee is working on is putting together articles for the ENews that talks about cultural competency, trainings, etc.	Actions/Scheduled Tasks	Due Date
	Ms. Spears reported her attendance at a meeting largely attended by Ethiopians who felt they have been left out of Service Area 6: there are no forms in their language; and the ACCESS Call Center cannot translate.	11	
•	Ms. Spears stated that the Ethiopian community is collaborated between Service Areas 4, 5 and 6.		
	2. OI Work Plan Implementation Status Report-Patient's Rights Office, Requests for Change of Provider-Report No. 09.111-7-1, dated 11/4/10		
	The number of Request for Change of Provider has significantly increased in the second half of FY 09-10.		*
	3. QI Work Plan Implementation Status Report-Co-Occurring Disorders-Report No. IV.1.2		
	All programs funded by the Mental Health Services (MHS) are required to integrate mental health and substance	8	
	abuse services for all clients who need them.		

Service Area VI Quality Improvement Committee Meeting - 4 November 17, 2010

genda Item & Presenter	Discussion and Findings	Decisions/Recommendations	Person Responsible/
	Necessary action steps are outlined and	Actions/Scheduled Tasks	Due Date
*	recommended policy changes.		
	,gov.		0
	It should be noted that if "yes" is checked		
	for Substance Abuse on the Co-		
	Occurring Disorder form, be sure to put		
	the date on the form and on the		
	completed assessment in the chart.		
	i and the chart.		
	4. OI Work Plan Implementation Status	-	
	Report - Report NO. 10.III.6-7, Dated		
	11/4/10 - LAC DMH Annual Beneficiary		
	Grievance/Appeal Report FR 2009-2010	90	

	Ms. Spears stated that agencies should let		
80	clients know if they have a grievance that		
	they are within their rights to complete a		
	grievance form. Individual agencies		
	should ensure compliance in this matter.		
	heneficiary/griovanas	1	
	available for clients that come to their	i i	
-	agencies. This Report also list the		
	categories of grievances.		
	grantes.	- 1	
	5. OI Work Plan Implemention Status		
	Report - CCC Report No. IV.1		
	This report will discuss quality	=	
*	improvement efforts regarding use of the	1	
	CCCP within the MHP since the previous		
	status report dated 10/20/09.		
			9

Service Area VI Quality Improvement Committee Meeting - 5 November 17, 2010

Agenda Item & Presenter	Discussion and Findings 6. QI Work Plan Implementation Status	Decisions/Recommendations Actions/Scheduled Tasks	Person Responsible Due Date
	Report – Medication Support Services – Report No. 10.IV.1		
	Medication Support Services forms were created/revised to improve medication support services documentation and to facilitate transition to an Electronic Health Record (EHR).		
	7. Risk Management		
	a. Parameter 02.9 - Access to Mental Health Services After Discharge from Psychiatric Hospitals and Juvenile Justice Programs, dated - 10/2010.		
	This information is helpful for child agencies. It list the parameters for accessing mental health services when discharged from a psychiatric inpatient service or released to the community by the court from a juvenile justice program.		
	Ms. Spears stated we are to supposed to see these clients within 7 days after discharge. The juvenile justice system is tracking this. Anyone with this category of clients, please contact Kimberly Spears for any questions.	5	

Service Area VI Quality Improvement Committee Meeting - 6 November 17, 2010

Agenda Item & Presenter	Discussion and Findings	Decisions/Recommendations Actions/Scheduled Tasks	Person Responsible / Due Date
	b. DMH Parameters for Use of Psychotropic Medication in Children and Adolescents		Due Date
er en	These parameters are designed for the use of psychoactive medications for the treatment of mental disorders in children and adolescents, ages birth to seventeen (17) who receive treatment at either directly-operated LAC DMH clinics or the Department's contracted agencies.		=
8 1	8. Annual Grievance/Appeal Report to State DMH, County of Los Angeles, Department of Mental Health, Patients' Rights Office, Requests for Change of Provider 09.111. 7-1 (Report dated 4-27-10) Change of provider Requests: patientsrightsoffice@dmh.lacountv.gov		
Quality Assurance – Kimberly Spears & Dr. Erica Melbourne	1. New State Appeal Process - QA Bulletin #10-02 (available on-line) - "California Code of Regulations (CCR) Changes which Alter the State DMH Audit Appeal Process."- dated 9/15/10		
B B	A second level of appeal has been added which allows contractors of local Mental Health Plans to appeal directly to the State. Effective immediately, when EPSDT audit findings are received, a		

Service Area VI Quality Improvement Committee Meeting – 7 November 17, 2010

Agenda Item & Presenter	Discussion and Findings	Decisions/Recommendations Actions/Scheduled Tasks	Person Responsible /
	Legal Entity will have to option of filing		Due Date
	an informal appeal with the State DMH either through the LAC DMH or directly		
	to the State DMH.		
	2. Status of AB3632 Program - Email from Robin Kay dated 11-5-10		
	LAC DMH received notification of the transfer of federal funds to County		
	LACOE to LACDMH, AB3632 providers		
	are expected to immediately resume full service delivery under the program. This		
	potentially eligible students, participating		
	in IEPS, assessments and providing services to children as authorized through the IEP process.		
	3. Assessment Training Module		
	Acknowledgement form		*
	Ms. Spears reported that 82 people attended the Assessment Training which		
	on October 6, 2010. So far, Service Area	2	
	6 had the highest number of attendees.		
	In terms of disallowances by the State Audit on the CCCP, Service Area 6 had		

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y	Service Area VI Quality Improvement November 17, 20	3.470	
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Agenda Item & Present	November 17, 20	10	
-	Discussion and Findings		
	and Findings	Decision	
		Decisions/Recommendations Actions/Scheduled 7	
1	6. Clinical Records – Three New Policies (available ou-line)	Actions/Scheduled Tasks	Person
	(available ou-line)		Responsible /
	-		Due Date
	The three new policies are:		
	(1) 202.38 - "Non C		
1	(1) 202.38 — "Non-Open Protected Health Information (PHI) File" — to		1
*	establish uniform to		
1	the IAC - and Dractions:		
	Programe for		1
·	individual prior to openion on an		
	individual prior to opening a Clinical		<u> </u>
1	1		
	(2) 202.39 - "Clinical Com-		
	(2) 202.39 — "Clinical Correspondence Concerning Clients" — to establish a direction policy for staff of the Lagrangian direction.		
1	uniform policy for staff of the establish a		100
	directive on one of the LAC Divity		
	responding 4. A Status whom		
1	responding to requests for clinical		
	correspondence on current or past DMH		
	1		
1	(3) 202.40 - "Triage" - to establish		
	uniform triage policy and practices in the		800 B
Service	LAC DMH directly-operated programs.		
Service Area 6 Quality	I accu programs		Fig. 1.
	Dr. Erica Melbourne reviewed the		
Newsletter – November 2010 – Dr. Erica Melhouse	November 2010 issue of the Newsletter		
Dr. Erica Melbourne &	with the attendees. Regular features of		
Kimberly Spears	Newsletter include and leatures of		
	answers their duestions and		
1	announcements and more.		
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Service Area VI Quality Improvement Committee Meeting – 10 November 17, 2010

Agenda Item & Presenter	Discussion and Findings	Decisions/Recommendations Actions/Scheduled Tasks	Person Responsible /
Other Items	FSP Guidelines for the Assessment and		Due Date
	Management of Clients at Risk for Violence, November 14, 2008 FSP staff has expressed concern about working with clients at risk for violence.	· · · · · · · · · · · · · · · · · · ·	
	and management of clients at risk for violence.		
	Ms. Spears suggested that she be contacted if agencies have clients that are involved with the Los Angeles Police Department or the Sheriff's Department on a regular basis.		2
	MH 525-"Contact Information", revised 11/07		
	This is a required form for agencies other than contract.		
Quality Improvement Documentation Sharing	Ms. Marilyn Campbell, BSN, RN, Chief Operations Officer, CQI/Compliance, and Risk Management – Kedren Acute Psychiatric Hospital and Community Mental Health Center-shared an Assessment, Client Care Coordination		
	Plan and Progress Note on an 12-year old African-American male referred to Kedren from DPSS.		

Service Area VI Quality Improvement Committee Meeting – 11 November 17, 2010

Agenda Item & Presenter Open Agenda Items	Discussion and Findings	Decisions/Recommendations	
Pen Agenda Items	In answer to a question about the required age of child to sign the CCCP, Ms. Spears stated she would get back to the Committee with the answer.	Actions/Scheduled Tasks	Person Responsible Due Date Kimberly Spears
Adjournment	Meeting adjourned at 11:00 a.m.		
			Minutes recorded by Ruthie Randon

NEXT MEETING: JANUARY 19, 2011

Kimberly Spears, Chair

Dr. Erica Melbourne